

QUESTIONS AND ANSWERS

RFP Regional Crisis Stabilization and Assessment Services 2014

**PLEASE NOTE THE DATE FOR DELIVERY OF THE RFP HAS BEEN
EXTENDED TO MAY 7, 2014 At 12:00PM**

Questions? Email us anytime at dcfaskrfp@dcf.state.nj.us

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1. Will DCF consider residential configurations other than 5-bed group homes? For example, a more naturalistic environment for children would be a treating parent home or some type of foster care arrangement. DDD uses the model of "skill homes" or "sponsor homes." Under this RFP would DCF consider a model in which all services specified in the RFP would be wrapped around individuals who were living in licensed skill-sponsor homes rather than a group home setting?

The RFP's expectation is that this program be located in a small homelike setting within the community. Hence, youth will be served in a "naturalistic environment". Based on the scope of this program, 24 hour awake staff is necessary.

2. With respect to psychiatric credentials would DCF accept equivalent credentials which may actually be more appropriate for children with intellectual and developmental disabilities, specifically physicians who are:
 - Board Certified in Neurodevelopmental Disabilities by the *American Board of Psychiatry and Neurology*, and/or
 - Board Certified in Developmental and Behavioral Pediatrics by the *American Board of Pediatrics*

Note that these two credentials exceed the APN credentials included in the RFP in that these two types of practitioners can practice fully independently whereas an APN cannot.

Yes.

3. Are there provisions for housing children with wide age gaps in different homes or must all settings house children of any age? Note that it may not be either appropriate or wholly safe to house, for example, 20 year olds with 7 year olds? How will DCF address this problem? Note that individualized housing options (see question above) would avoid this issue.

Page 3 of the RFP clearly states that the age range for this particular home is 16-20. CSOC is seeking proposals for 3 homes; 1 in each region, age 16-20.

4. What is the responsibility of the awardee for education/school placement? What are the awardees' staff member responsibilities to the local education authority (LEA)? Will LEA's make records available and participate in treatment efforts? Will students actually transfer to the school district of the residence? How will education issues be worked out?

Yes, records will be available. Please review page 19 of the RFP which defines the expectations for educational placement.

5. While the RFP states that accreditation by JCAHO or another accrediting body is preferred is it required?

No.

6. Will joint proposals with an identified lead agency be considered?

Yes, but one agency must be identified as the lead agency in the proposal and for the project. The lead agency must submit the proposal.

7. The RFP indicates that referrals shall be made for a variety of non-psychiatric medical services: including neurology, nutrition screening, pediatric medical care, Allied Health Services, etc.
 - a. Is the payment/cost of these services to be covered by the \$532 per diem rate, or through Medicaid or other third party payer?

Medical care will be paid for by the child's insurance. If the child does not have insurance, CSOC will request that the family complete a NJ FamilyCare application.

- b. If the applicant can provide these services directly, is it allowable, and how would that agency get reimbursed for the cost of these services?

It is not allowable under this RFP for the applicant to provide these services directly.

8. Please explain what kind of Medicaid reimbursement will be provided to cover medical, clinical and related services required by the RFP; will it be "Regular" Medicaid, "3560" Medicaid, "Institutional" Medicaid, or some other type?

All deliverables outlined in the RFP will be required under the per diem rate provided through CSOC. See response to question 7a regarding medical costs.

9. If an applicant's residential portfolio includes more or less intensive short -or long-term residential programs such as a Psychiatric Residential Treatment Facility (PRTF), Intensive Residential Treatment Services (IRTS) Unit, Emergency Diagnostic Reception Unit (EDRU) or Group Home, and that applicant is awarded a project, can these other residential facilities be used to "step-up" or "step-down" individuals from crisis stabilization?

First and foremost this is a stabilization and diagnostic program. The desired outcome is that the youth will be able to return home or to where they had been living. Yes, if the treatment team concurs that the youth cannot return home and continued out-of-home treatment is required, a request may be submitted to the CSA, PerformCare, for consideration.

10. If so, what "gatekeeper" would be required to grant permission and how long might the authorization take?

If the youth is unable to return home the youth will be referred to the CSA for out of home treatment. The CSA will make an Intensity of Service (IOS) determination within one (1) business day.

11. If an agency applies for regional crisis stabilization projects in more than one region, can certain staff or equipment be share across programs/sites?

Each site is required to have dedicated staff and equipment.

12. Can an applicant request to purchase or lease one vehicle per region in which it applies?

Yes.

13. Would adaptive communication equipment such as a computer or iPad be placed in the start-up or annualized operating budget?

The respondent should clearly identify the purpose of the proposed equipment within their proposal for consideration. One time purchases are included in start up. Ongoing maintenance for such is included in annualized operating budget.

14. How would other equipment be budgeted, such as a Hoyer Lift, which an individual would take with him/her upon discharge from the Crisis Stabilization program component? At first glance, a Hoyer Lift might be classified as a one-time, start-up expense, but it can also be viewed as an expendable equipment item because of its transferability with the user.

Some agencies equip all homes with Hoyer lifts, for example. The Hoyer Lift would be utilized while youth is in program and is not transferrable. Families can be directed to apply through CSOC's Family Support Services for a Hoyer lift, if needed.

15. How did DCF/CSOC determine that a \$532 per diem rate is consistent with national best practice rates?

CSOC's rate setting methodology is needs-based approach to setting fair market rates and has been presented nationally. It is consistent with national best practice as it uses market-based compensation data to quantify the cost of each of the interventions.

16. The RFP indicates that the age range of the target population is 16 to 21. Under DDD rules, an individual whose birthday falls after June 30th during the year he/she turns 21 is eligible for/entitled to services up to their 22nd birthday. This is in keeping with the Federal IDEA Statute. As such, why would this RFP cut them off from Crisis Stabilization services at age 21, when one of the criteria for eligibility is inability to

function in the school environment and they might still be entitled to their education beyond their 21st birthday?

Per New Jersey Statute, N.J.A.C. 30:4C-4.4, DDD is responsible to provide services to young adults at age 21.

17. Please describe "milieu" activities?

Milieu activities are the fundamental component to out-of-home care. Potential respondents should research accordingly.

18. For youth transitioned to the family home or other out-of-home residential environment, the RFP indicates that Intensive In-Home (IIH) services shall be part of the transition plan, if needed. How will these services be paid for, as the youth would no longer be a resident of the Regional Crisis Stabilization program? In other words, would the cost of these services need to be reimbursed through the RFP grant?

The Crisis Stabilization program is responsible only for the services provided while the youth resides within their program. It is not the expectation of the program to pay for IIH services once the youth has transitioned out of the program.

19. The RFP requires many, many hours of assessments, clinical, case management and medical interventions, pre-vocational training sessions, and behaviorist, nursing, education hours, etc., in some cases every day or every week. When all of these hours are added up per youth resident, it appears like a very overwhelming schedule for each youth resident. Did DCF actually calculate the minimum daily and weekly staff interventions per week and month?

Not all youth will receive every one of these services every day. Services/assessments are provided to meet the individualized needs of each youth.

20. Can the cost of the TB and Hepatitis tests be included in the program budget?

These should be routinely completed prior to the youth entering the program.

21. If an applicant plans to lease a home-like setting for the project, it is required to furnish a rental agreement in the proposal? If not, what information is required?

If a site has been secured, a copy of the rental agreement needs to be provided with the budget documents. If the site has not been secured and the bidder is awarded the contract, the rental agreement must be provided during contract negotiation.

- 22.** Within what period of time would the applicant/awardee be required to demonstrate that the residential facility is licensed by DCF OOL?

Programs shall be operational within 90 days of being awarded. Extensions may be available by way of written request to the CSOC Director. Awards are subject to being rescinded if not operationalized within 6 months of receipt.

- 23.** What information, if any, is an applicant required to submit under Section A 5) Completeness of Application?

The applicant is not required to submit additional material under this section. As the RFP states: The Department will also consider the completeness of the application and the clarity of statements within the proposal, including the availability, accuracy, and consistency of all supporting documentation. The applicant may receive up to 5 points for completeness.

- 24.** Page 4 of RFP indicates there will be funding for three 5-bed crisis stabilization programs. Is the definition of “programs” limited to community housing only, or can these services be integrated with, or operated within, a larger program-based environment?

Each individual site must be a free standing five-bed home in the community. It is the expectation that services will be provided within the Crisis Stabilization facility, whenever possible. If any services are to be provided outside of the treatment program facility, the respondent should clearly document this information within their proposal.

- 25.** Are there requirements or limitations on safety precautions providers may employ within the program based on the specific needs of the youth served there? (Examples: video cameras, door locks or alarms).

Awardee is required to follow licensing regulations at NJAC 10:44A, “Standards for Community Residences for Individuals with Developmental Disabilities.”

- 26.P 14: BCBA services: Can therapeutic supports to be provided on both an individual and group basis?

Yes, if clinically indicated.

- 27.P 19: School District agreement: For facilities that do not operated a Department of Education (DOE) approved school, what criteria constitute an agreement with a local school district? Also, if an agency has not yet established the planned location of its program prior to the submission of this RFP response, will the need to obtain an agreement with a local school district still be required?

For facilities that do no operate a DOE approved school, a Memo of Understanding (MOU) constitutes an agreement with a local school district. Where an agency has not yet established the planned location an MOU will be required for successful contract negotiation.

- 28.P. 23: No Eject/ No Reject: Provided that the agency does not challenge a referral's appropriateness, what is the allowable/ expected length of time from referral to admission?

The program is a no eject/no reject program. The program is a crisis stabilization program and should stand ready to provide for same day admission upon referral, if contracted capacity is available.

- 29.Page 14-15: Required staff. Master's Degree Board Certified Behavioral Analyst, MA BCBA. Will provide "10 hours per week per youth implementing behavioral support interventions and activities, 3 hours of which could be applied toward the 6 hours per week of allied therapy."

As this RFP is for 5 bed facilities, this requirement as written requires 50 hours per week per home of MA BCBA services, or 1.25 FTE. Is this correct and intended or should this read 8 hours per week per youth=40 hours total service per week=1 FTE?

50 is correct as intended. The 3 hours that can be applied toward allied therapy could be provided in a group setting. The total hours would not be 50 hours per week of deliverable services. When served in a group there is an overlap.

30. Does the individual have to be a master's level BCBA or can a Bachelor level BCBA provide the service under the direct supervision of a Master level BCBA?

As stated in RFP, a Masters level BCBA is required. Please note that BCBA is only granted to individuals with a minimum of Master's degree.

31. Please describe the referral process (does the GH get a call at 8am & the individual arrives at 9am?)

Admissions may be planned or immediate. Awardee should be prepared for both scenarios.

32. Is providing Home Instruction (as agreed to by the IEP team) in the Group Home an acceptable educational program?

Full day schooling is a preference, especially if the youth can be maintained at his/her original school. If the youth receives Home Instruction, the program will be responsible to show other structured day activities.

33. Do all the assessments listed on Pg. 7 need to be completed or is there clinician discretion?

Assessments will be individualized for each child. The idea of this program is to provide stabilization as well as to provide an evaluative component in order to understand a youth's ongoing needs, especially to assist the youth and family to have the skill set to avoid a repeat of the behavior that led to the youth needing the service. Therefore, assessment needs to be based on the youth's particular needs.

34. If referrals for other identified evaluations are made (pg. 8), who pays?

All deliverables outlined in the RFP are to be covered under the per diem rate.

35. Is the Group Home responsible for transporting parents/guardians to the group home for therapy, training, etc.?

Program should coordinate services with family and the CMO if the youth is enrolled but is not responsible for the provision of transportation for this purpose.

- 36.** Who provides the IIH (Intensive In Home) Behaviorist, the Group home or COSC?

If deemed clinically appropriate, IIH behavior supports may be built into the community plan developed prior to the youth transitioning home. IIH services will not be provided in the Crisis Stabilization home. IIH services are authorized through the CSA.

- 37.** On pg 35: Policy & Procedures (P&P)-all in one P&P or a separate P&P for each (i.e.: timelines, program operations, etc)?

The respondent must provide copies, not summaries, of existing operational policies and procedures.

- 38.** Is the \$48,545 for start-up (RFP pg 24) in addition to the \$532 per diem (or \$970,900 per home)?

Yes start-up funding is a one time expense and is in addition to the per diem.

- 39.** CSOC Correction - on page 6 Admission Criteria should read as follows:

- The youth is determined to be in need of Crisis Stabilization services as evidenced by one of the following:
 - Family/caregiver is homeless or at imminent risk of homelessness (within 30 days)
 - Family/caregiver is unable to care for the child or youth due to medical or legal emergency (documentation required)
 - Child or youth is being removed from the home by DCP&P or Adult Protective Services (APS) as a result of issues of abuse or neglect
 - Child or youth was deemed by local screening center as not in need of hospitalization but family/caregiver will/cannot take youth home

OR

- The youth is determined to be in need of Crisis Stabilization services as evidenced by both of the following:
 - Child, youth, or young adult is not sufficiently stable to be cared for in his/her home; and
 - Child, youth, or young adult is unable to adequately function in significant life domains: family, school, social, or recreational/vocational activities due to his or her co-occurring diagnosis or intellectual/developmental disability and requires crisis stabilization, close supervision, assessment and targeted clinical/behavioral interventions.
- 40.** How will ADA compliance i.e. bedroom, bathroom, and vehicle with lift be funded? Is this funded through start up?
- Yes, these expenses can be funded through 5% start-up allocation.**
- 41.** Whose regulations apply? When does DCF regulations apply versus DD regulations?
- This program will be inspected by the DCF Office of Licensing. The awardee must comply with the Standards for Community Residences for Individuals with Developmental Disabilities (N.J.A.C. 10:44A). These regulations can be found on the Department of Human Services website at www.state.nj.us/humanservices/ool/licensing.**
- 42.** Is a sprinkler system required?
- Yes.**
- 43.** Are generators required?
- Yes. The facility must assure a generator is installed and operational to address any power outages (to full agency capacity) that may occur. Purchase and installation of generators are acceptable as part of start-up funds.**
- 44.** How are referrals initiated for Crisis Stabilization services?
- All referrals and authorizations go through the CSA, Perform Care.**
- 45.** The RFP mentions length of stay as 90 to 120 days, is this hard and fast?

The goal is to stabilize the crisis and return the youth home. Treatment is individualized and the program will provide stabilization, assessment, and skill building as needed.

46. Can you describe typical referrals?

There is no typical referral as there is no one homogenous crisis. Please refer to the RFP Admission Criteria on page 5 to 6.

47. How is accreditation weighted?

While accreditation is not a requirement, it is preferred. The proposal will be weighed in its entirety. However, accreditation is not built into the point evaluation system.

48. Is this program for youth who are already DD eligible?

In some instances the youth will have been previously determined for DD services. In other instances the youth may be determined presumptively eligible for DD services and this is their entry into the System of Care.

49. Please describe curricula requirements for proposal?

Curricula shall be an outline not to exceed 5 pages in length. It is not to be included in the narrative but must be submitted as a separate attachment.

50. Is a budget narrative required?

Please include a brief budget narrative. A separate schedule Annex B is required for start up. Please use the following site for the Standard DCF Annex B forms:
<http://www.state.nj.us/dcf/providers/contracting/forms/>

51. Is a DUNS number required?

Every application must provide a DUNS number.

52. Is ramp up allowed in this RFP?

There is no separate funding for ramp up.

53. Do you post the names of RFP applicants?

No.